United Nations A/73/285

General Assembly

Distr.: General
31 July 2018

Original: English

Seventy-third session
Item 29 of the provisional agenda*
Advancement of women

Intensifying efforts to end obstetric fistula within a generation

Report of the Secretary-General**

Summary

The present report has been prepared in response to General Assembly resolution 71/169. Obstetric fistula is a devastating childbirth injury that leaves women and girls incontinent and often stigmatized and isolated from their families and communities. It is a stark outcome of gender inequalities, the denial of human rights and poor access to sexual and reproductive health services, including maternal and newborn care, and an indication of high levels of maternal death and disability. The report outlines efforts made by the international community at the global, regional and national levels to end obstetric fistula and offers recommendations to intensify those efforts, with a human rights-based approach, so as to end obstetric fistula within a generation. Ending fistula is an integral component of achieving the Sustainable Development Goals by 2030. Improving maternal health, strengthening health systems, reducing health inequities and increasing the level and predictability of funding are crucial to ensure no one is left behind.

* A/73/150.

** The present report was submitted after the deadline so as to include the most recent information.

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I. Introduction

1. The present report is submitted pursuant to General Assembly resolution 71/169, in which the Assembly requested the Secretary-General to submit a report to it, at its seventy-third session, on the implementation of the resolution under the item entitled "Advancement of women".

2. Poor sexual and reproductive health remains a leading cause of disability and death for women of childbearing age worldwide. Obstetric fistula, severe maternal morbidity as a result of prolonged obstructed labour without the mother's having timely access to an emergency caesarean section, is fully preventable when women and girls have access to high-quality and comprehensive health services. Though much progress has been made to address fistula, interventions have often failed to reach those most in need. The provision of quality care is uneven, and the rights and dignity of those who seek it are often not respected. Owing to inequities in their access to health care, many women suffer from unintended pregnancy, maternal death and disability, sexually transmitted infections, including HIV, and cervical cancer. Educating and empowering women and girls is crucial for their well-being and for improving maternal health and preventing fistula. Economic and sociocultural factors that negatively affect women must be addressed, including by educating and engaging men and boys and empowering communities. To ensure that all women and girls, especially the poorest and most vulnerable, have adequate access to health care, efforts must be intensified and urgent steps taken.

II. Background

3. Ending obstetric fistula is critical to achieving the Sustainable Development Goals and fundamental to improving maternal and newborn health. Worldwide, an estimated 50,000 to 100,000 women develop fistula annually and approximately 2 million women currently live with fistula, which is a burden in almost 60 countries. Its occurrence is a violation of human rights and a reminder of gross inequities. Although preventable and virtually non-existent in developed countries, fistula continues to afflict many poor women and girls worldwide who lack access to health services. Scaling up national capacity to provide access to comprehensive emergency obstetric care, treat fistula cases and address the underlying health, socioeconomic, cultural and human rights determinants is fundamental to eliminating fistula.

4. Obstetric fistula can be a devastating lifelong morbidity if left untreated, with severe medical, social, psychological and economic consequences. Approximately 90 per cent of women who develop fistula deliver a stillborn baby.[1] A woman with fistula is not only left incontinent, but may also experience neurological disorders, orthopaedic injury, bladder infections, painful sores, kidney failure or infertility. The odour from constant leakage, combined with misperceptions about its cause, often results in stigma and ostracism. The resulting isolation may affect the woman's mental health, leading to depression, low self-esteem and even suicide. Many women live with the condition for years and suffer in silence. They are often abandoned by their husbands and families and find it difficult to secure income or support, thereby deepening their poverty.

5. Women with fistula are evidence of the failure of health systems to deliver accessible, timely, quality intrapartum care. Health-care costs can be prohibitive and catastrophic for poor families, especially when complications occur. These factors

[1] Saifuddin Ahmed, Erin Anastasi and Laura Laski, "Double burden of tragedy: stillbirth and obstetric fistula", *The Lancet Global Health Comment*, vol. 4, No. 2 (February 2016).

contribute to the three categories of delay that impede women's access to care: (a) delay in seeking care; (b) delay in arriving at a health-care facility; and (c) delay in receiving appropriate, high-quality care once at the facility.[2] A lack of awareness of the availability of treatment for fistula and the high cost of getting that treatment also constitute major barriers to care. Sustainable solutions for ending obstetric fistula therefore require well-functioning health systems, well-trained health professionals, access to and supply of essential medicines and equipment and equitable access to high-quality health services, along with community empowerment.

6. Poverty, sociocultural barriers, gender inequality, illiteracy, child marriage, adolescent pregnancy, inadequate access to and utilization of sexual and reproductive health services and marginalization are the root causes of maternal mortality and morbidity. To address fistula, countries must ensure universal access to sexual and reproductive health services; address socioeconomic inequities; prevent child marriage and early childbearing; promote universal education, especially for girls; eliminate gender-based violence; and promote and protect the human rights of women and girls.

7. Complications from pregnancy and childbirth are the leading cause of death among girls between the ages of 15 and 19 years in many low-income and middle-income countries. Approximately one in five girls globally will be married before the age of 18.[3] Child marriage and early pregnancy, particularly in underresourced settings, put girls at risk for mortality and morbidity, including fistula. Impoverished and marginalized girls are more likely to be subjected to child marriage and become pregnant than girls who have greater educational and economic opportunities.[4] All adolescent girls and boys, both in and out of school, need access to education, information, and health services to protect their well-being.

8. The three most cost-effective interventions to reduce maternal mortality and morbidity, including fistula, are: (a) timely access to high-quality emergency obstetric and newborn care; (b) the presence of trained health professionals with midwifery skills at childbirth; and (c) universal access to family planning.

9. Most fistula cases can be treated through surgery, after which women and girls can be reintegrated into their communities with appropriate psychosocial, medical, and economic support, to restore their well-being and dignity. However, unmet needs for fistula treatment remain very high. Though progress has been made to strengthen national capacities to treat fistula, few health-care facilities are able to provide high-quality fistula surgery, owing to inadequate numbers of health-care professionals with the necessary skills, as well as a lack of essential equipment and medical supplies. When services are available, many women are not aware of them or cannot afford or access them because of barriers, such as transportation costs. Given the current rates of treatment relative to the existing backlog of cases, and the unfortunate occurrence of new ones, many women and girls with fistula will die without receiving treatment.

[2] Sereen Thaddeus and Deborah Maine, "Too far to walk: maternal mortality in context", *Social Science and Medicine*, vol. 38, No. 8 (April 1994).

[3] United Nations Children's Fund, "Percentage of women aged 20 to 24 years who were first married or in union before ages 15 and 18", Child Marriage database (March 2018).

[4] Quentin T. Wodon and others, *Economic Impacts of Child Marriage: Global Synthesis Report* (Washington, D.C., World Bank and International Center for Research on Women, 2017).

III. Initiatives taken at the global, regional and national levels

A. Major global initiatives

10. In the Programme of Action of the International Conference on Population and Development, adopted in Cairo in 1994, maternal health was recognized as a key component of sexual and reproductive health and reproductive rights. In his report on the framework of action for the follow-up to the Programme of Action of the International Conference on Population and Development beyond 2014, the Secretary-General highlighted that obstetric fistula "represents the face of failure as a global community to protect the sexual and reproductive health and rights of women and girls" (see A/69/62, para. 384). In 2018, the Commission on the Status of Women reiterated how disparities in the access of rural women to health care, coupled with their limited power over their lives, resulted in higher rates of obstetric fistula and maternal and newborn mortality.

11. The 2030 Agenda for Sustainable Development is aimed at transforming the world through the achievement of 17 Sustainable Development Goals. The 2030 Agenda commits to eliminating poverty, achieving gender equality and securing health and well-being for all, thus eliminating obstetric fistula will contribute to achieving many of the Goals.

12. The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)[5] is a key tool in the fight to end fistula. It is aimed at ending preventable maternal and newborn mortality, reducing the rate of global maternal mortality to less than 70 per 100,000 live births (target 3.1) and supporting countries in implementing the Goals. Along with the accompanying operational framework adopted by the sixty-ninth World Health Assembly, in 2016, it places strong emphasis on national leadership and strengthening accountability through the monitoring of national progress and strengthening capacity to collect, analyse and use data. It underscores the importance of developing a sustainable, evidence-based, health financing strategy, strengthening health systems and building strategic multisectoral partnerships.

13. In 2015, the World Health Assembly unanimously adopted a resolution on "Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage", calling for access to emergency and essential surgery for all, including to prevent and treat obstetric fistula. During the 2015 meeting in Geneva of the World Health Organization (WHO) Global Initiative for Emergency and Essential Surgical Care, a road map towards the implementation of the resolution was drafted. Following up on the resolution, at the recent seventieth World Health Assembly, held in 2018, a two-year report was presented and a decision adopted calling for continued reporting at least every two years.

14. In 2016, the General Assembly adopted resolution 71/169, in which it called for intensified efforts for eliminating obstetric fistula. Building on the previous resolutions, adopted in 2007, 2008, 2010, 2012 and 2014, Member States reaffirmed their obligation to promote and protect the rights of all women and girls and to strive to end fistula, including by supporting the Campaign to End Fistula. Fistula was first acknowledged by the General Assembly in 2007 as a major women's health issue, with the adoption of resolution 62/138.

15. On 23 May 2016, in observance of the International Day to End Obstetric Fistula, the United Nations declared a bold new vision through a call to end fistula

[5] WHO and others, *Survive, Thrive, Transform: Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) — 2018 Monitoring Report: Current Status and Strategic Priorities* (Geneva, WHO, 2018).

within a generation. This was enshrined in the Secretary-General's report on intensifying efforts to end fistula (see A/71/306) and General Assembly resolution 71/169, as part of the United Nations agenda for the advancement of women.

B. Major regional initiatives

16. A number of regional initiatives have been developed, assessed and strengthened to respond to global and regional commitments to end obstetric fistula as part of the broader maternal and newborn health agenda.

17. The Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa, launched in 2009, promotes intensified implementation of the Maputo Plan of Action for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights (2007–2010)[6] and the Africa Health Strategy. In 2017, the African Union announced an extension of the Campaign until 2030. Forty-six countries in the region have launched the Campaign and implemented it within their national road maps to accelerate the reduction in maternal mortality, and included maternal, newborn and child health in their poverty reduction strategies and health plans; 35 of those countries also developed operational plans for maternal and newborn health at the district level.[7] Some countries, including the Congo and Eritrea, have undertaken interventions in fistula prevention and treatment as part of their campaigns. Findings from an evaluation of the Campaign in 2017 indicated its success in mobilizing and increasing efforts by countries and stakeholders to improve maternal and child health and promote women's rights, an essential strategy for ending fistula. Despite the achievements of the Campaign, there is still a need to scale up advocacy and mobilize stakeholders for the reduction of maternal and newborn mortality.

18. In May 2018, the African Union task force for maternal, newborn and child health called for a declaration by Heads of State and Government on ending obstetric fistula and female genital mutilation. The task force recommended utilizing advocacy platforms and reporting mechanisms, including the Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa and campaigns against child marriage to strengthen accountability on continental commitments and accelerate the elimination of female genital mutilation and fistula.

19. Recognizing the elimination of fistula as key to harnessing the demographic dividend and women's empowerment in West and Central Africa, a strategy on eliminating fistula in West and Central Africa for 2018–2021 was developed with the support of the United Nations Population Fund (UNFPA). A costed resource mobilization strategy for ending fistula was also developed, but has not yet been implemented owing to funding constraints. Strong regional and technical partnerships are required to mobilize available resources.

20. In 2017, the first ladies of the Economic Community of West African States (ECOWAS), at a forum in the Niger, committed to eliminating obstetric fistula,

[6] In 2015, a review of implementation of the Maputo Plan of Action for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights 2007–2010 was undertaken. While progress has been made in implementing the plan of action, resources remain very limited, with few countries allocating funds for sexual and reproductive health. Subsequently, two key continental policy frameworks were negotiated for extension 2016–2030, to address sexual and reproductive health, including fistula.

[7] United Nations Population Fund (UNFPA), "Accelerating progress towards MDG 5", 2014; and Triphonie Nkurunziza and others, "Progress report on the road map for accelerating the attainment of the Millennium Development Goals relating to maternal and newborn health in Africa", *African Health Monitor*, No. 18 (November 2013).

female genital mutilation and violence against women and youths. Implementing this commitment includes improving the capacity of health facilities for fistula treatment, allocating financial resources to create awareness and supporting economic and social reintegration of fistula survivors into their local community. The first ladies called for ECOWAS member States to allocate 3 per cent of their national budgets to implement action plans on child protection and the elimination of female genital mutilation and fistula and to define harmonized indicators on fistula in their national health information systems.[8] Further to a call to action made by UNFPA, ECOWAS, the West African Health Organization (WAHO), the United States Agency for International Development (USAID) and EngenderHealth in Banjul in March 2018, the nineteenth Ordinary Assembly of the Health Ministers of ECOWAS adopted, in June 2018, a resolution on eliminating obstetric fistula in the ECOWAS region.

21. The Sahel Women's Empowerment and Demographic Dividend Project is a joint response by the United Nations and the World Bank Group to a call made by the Presidents of the six Sahel countries: Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania and the Niger. Since the launch, in 2015, of the $207 million initiative, national programmes that promote fistula prevention, including those focusing on generating demand for maternal and newborn health, empowering women and girls, preventing early marriages, keeping girls in school and increasing the availability of trained health workers, including midwives, are well under way.

22. In 2017, in Maputo, an East and Southern Africa dialogue on eradicating obstetric fistula, exploring collaboration between the safe surgery and fistula communities, was organized by the Fistula Care Plus Project, led by EngenderHealth. Simultaneously, the College of Surgeons of East, Central and Southern Africa International Scientific Conference was held in Mozambique, as was the seventh biennial meeting of the WHO Global Initiative for Emergency and Essential Surgical Care.

23. Recognizing that fistula continues to contribute to significant morbidity and suffering of women and girls in the Asia-Pacific region, the South Asian Group on Female Genital Fistula was launched in Kathmandu in 2017. Dedicated to the 2016 United Nations vision to end fistula within a generation, the Group includes representatives of the International Society of Obstetric Fistula Surgeons, the International Federation of Gynaecology and Obstetrics, UNFPA, the Campaign to End Fistula, WHO, the South Asian Federation of Urogynecology, the International Urogynecological Association, the EngenderHealth Fistula Care Plus project and the national societies of obstetricians and gynaecologists of Bangladesh, India, Nepal and Pakistan. In its Kathmandu call to action for a fistula-free South Asia, the Group called upon Governments, civil society organizations, professional bodies, health professionals, development partners and key stakeholders to enhance the capacity of national health systems, and also called upon academic institutions to strengthen academic, credentialled training for obstetric and iatrogenic fistula prevention and treatment and to support research and knowledge management to advance women's health.

24. In the Arab States region, UNFPA and partners built national capacities on the minimum initial service package for reproductive health to ensure the delivery of quality reproductive health services in fragile and humanitarian contexts; conducted a Sustainable Development Goals-readiness analysis of health systems to respond to reproductive health-related targets in four Arab countries; generated evidence on health system gaps to strengthen health systems and help reach Sustainable Development Goal targets; conducted comprehensive maternal death surveillance and

[8] Economic Community of West African States, "First ladies move to eliminate obstetric fistula and protect child rights in West Africa", 10 October 2017.

response assessments in five Arab countries; and conducted assessments on the integration of reproductive health services into primary health care in six Arab countries.

25. In order to build national capacity and sustainability and increase access to fistula treatment, South-South cooperation is a key strategy. UNFPA and the Campaign to End Fistula partners have supported skilled fistula surgeons and surgical teams from all regions of the world through training and mentoring to provide treatment in the highest burden fistula countries.

C. Major national initiatives

26. Although countries are making progress in reducing maternal and newborn mortality and morbidity, the injustice of fistula persists. The global maternal mortality ratio decreased by 44 per cent from 1990 to 2015 and the number of maternal deaths fell, in the same period, from 532,000 per year to 303,000 per year,[9] yet an estimated 50,000 to 100,000 new cases of fistula still occur every year.[10] Notwithstanding the remarkable gains made in reducing the number of maternal and newborn deaths and disabilities, major challenges still need to be addressed.

27. Government ownership and leadership of national programmes aimed at eliminating fistula are crucial to tackling the problem. Countries need to allocate a greater proportion of their national budgets to health, with additional technical and financial support provided by the international community. Data collected by UNFPA indicate that at least 23 out of the almost 60 countries affected by obstetric fistula have national strategies for its elimination, and 13 of them (namely, Cameroon, Ethiopia, Ghana, Guinea, Madagascar, Mali, Mozambique, the Niger, Nigeria, Senegal, Sierra Leone, Togo and Uganda) have costed, time-bound operational plans. In additional, more than 30 countries have established national fistula task forces that serve as coordinating and monitoring mechanisms for Government and partner activities.

28. Several countries employ innovative approaches to raise awareness and increase access to fistula treatment. Telephone hotlines continue to provide information about fistula treatment in Burundi (in partnership with Médecins sans frontières), Cambodia, Kenya, Malawi and Sierra Leone, using mobile phones to connect women living in remote locations to medical care. In the United Republic of Tanzania, the mobile phone-based money transfer microfinancing service known as M-PESA, established in 2009, continues to cover the upfront transportation costs of impoverished fistula patients, giving them access to fistula surgery. That service, as well as those sponsored by the Freedom from Fistula Foundation in Malawi and Sierra Leone, also provides free accommodation and meals before and after surgery, thereby addressing major barriers to accessing fistula treatment. In Ethiopia and Malawi, "fistula/safe motherhood ambassadors", former patients who have undergone training in community awareness on fistula, are now also patient recruiters, educating pregnant women, escorting new patients for treatment and speaking to rural communities about how to prevent fistula and obtain care. Many initiatives are under way for improved data collection to track patient outcome and improve surgical practice.

29. In the Latin American and Caribbean region, Haiti has increased its commitment to ending fistula. Key steps taken by the Government, with support from UNFPA and partners, include: organizing a panel of experts to assess and address the problem of

[9] WHO, *Trends in Maternal Mortality: 1990 to 2015 — Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division* (Geneva, 2015).

[10] WHO, "Obstetric fistula", 19 February 2018.

fistula in Haiti, with the goal of developing a response plan for the country to reduce the incidence of fistula;[11] conducting a situation analysis on fistula; establishing an integrated response to complications during childbirth (including strengthening health professionals' capacity, training/education, diagnosis, referral and treatment of fistula); developing a national strategy on fistula; conducting an awareness campaign, including community outreach; and mobilizing resources to establish a functional fistula repair unit.

30. In 2017, the Rohingya refugee crisis intensified, bringing to the fore the need for emergency obstetric and newborn care, as well as skilled attendants at birth, for refugee women and girls in crisis. In Bangladesh, UNFPA and the Hope Foundation provide emergency transport for pregnant Rohingya refugees in remote areas so they can reach health facilities in time. Through the implementation of the minimum initial service package for reproductive health, refugees had access to emergency obstetric and neonatal care. In 2017, 100 midwives deployed to humanitarian situations screened 110,000 women and girls, distributed some 4,000 clean delivery kits, conducted more than 30,000 antenatal care check-ups, 3,000 post-natal care check-ups and 1,300 deliveries in facilities, and referred over 200 obstetric emergencies, thus contributing to saving maternal and newborn lives and averting fistula. Fistula clients identified among the refugees received treatment and care, through the support of the Hope Foundation, the Fistula Foundation and UNFPA. In 2017, Bangladesh disseminated its costed national strategy on fistula and established its first urogynaecology centre to provide evidence-based, high-quality clinical care for women suffering from fistula.[12]

31. In order to increase access to critically needed care, the Fistula Foundation, with partners, has, since 2009, supported 31 countries in conducting over 31,700 fistula surgeries in Africa and in the Arab States region. In 2014, the Fistula Foundation, in collaboration with Astellas Pharma Europe, launched a three-year programme in Kenya called "Action for Fistula", which established an integrated network of six fistula treatment facilities nationwide, trained six surgeons, engaged in culturally sensitive countrywide outreach to educate women on the availability of treatment and built the Gynocare Women's and Fistula Hospital, the first major certified fistula surgeon training site in the country, creating a regional hub for training in fistula surgery. By 2016, outreach efforts had resulted in 514,115 persons having been reached with information[13] and by 2017, over 3,400 women had received life-changing surgery.[14]

32. In 2018, in order to create awareness on obstetric fistula and mobilize resources for treatment, Ghana and UNFPA launched the 100 in 100 Initiative to repair 100 fistulas in 100 days. The Initiative contributes to the implementation of the country's prevention and management strategy on fistula, launched in 2017, and emphasizes prevention as key to ending fistula. A national fistula fund was established in 2017, in partnership with the private sector. The country established the Ghana College of Nurses and Midwives to increase the skills and knowledge of midwives so as to improve the availability of and access to quality maternal health services and to reduce the incidence of maternal mortality and morbidity.

[11] The panel, which met on the International Day to End Obstetric Fistula (23 May), was organized by the Direction de la sante de la famille and UNFPA and included experts from the Association of Urologists, the Society of Obstetricians of Haiti, Zanmi Lansante, Direction de la sante de la famille, the Association of Midwives, Institut national superior de formation sage femme and UNFPA Haiti.

[12] UNFPA, "UNFPA Bangladesh annual report 2017: key results towards leaving no one behind", May 2018.

[13] Fistula Foundation, "2016 annual report".

[14] Fistula Foundation, "2017 annual report".

IV. Action taken by the international community: the progress made and the immense challenges ahead

A. Prevention strategies and interventions to achieve maternal and newborn health and eliminate obstetric fistula

33. In 2003, UNFPA and partners launched the Campaign to End Fistula, aimed at eradicating fistula globally. The Campaign focuses on four key strategies: prevention, treatment, social reintegration and advocacy. It is active in over 50 countries in the Africa, Asia, Arab and Latin America and Caribbean regions and brings together nearly 100 partners at the global level and many more at the national, regional and community levels. UNFPA leads the Campaign and serves as the secretariat of the International Obstetric Fistula Working Group, the main decision-making body of the Campaign. Since launching the Campaign, UNFPA has directly supported over 100,000 fistula repairs, and partners such as EngenderHealth, the Fistula Foundation, the Freedom from Fistula Foundation, the United Nations Federal Credit Union (UNFCU), Focus Fistula, Women and Health Alliance International and the Kupona Foundation, have supported thousands more. In 2017, UNFPA and the Campaign were awarded the UNFCU Women's Empowerment Award in appreciation for the global leadership of UNFPA and the Campaign's transformative impact on reducing inequities and its action for a new global agenda grounded in principles of rights, inclusiveness, and equality.[15]

34. Preventing fistula is key. Midwives play a vital role in saving maternal and newborn lives and preventing morbidity, by providing high-quality skilled delivery care. Midwives and nurse-midwives who are educated and regulated to international standards can provide 87 per cent of the essential care needed for women, adolescents and newborns and can make a unique contribution owing to the fact that their competencies cover the whole continuum of sexual, reproductive, maternal, neonatal and adolescent health care, from pre-pregnancy through antenatal care, care during childbirth and postnatal services. Since 2008, UNFPA has supported a global initiative to educate and train midwives in over 125 countries. Between 2014 and 2017, UNFPA supported pre-service education and in-service training of 47,000 midwives in 39 countries with the highest burden of maternal and newborn mortality and morbidity. In 2016 and 2017, over 5,000 midwives were trained in identifying and managing prolonged, obstructed labour using innovative multimedia e-learning module, developed in collaboration with the Johns Hopkins Program for International Education in Gynecology and Obstetrics and the Intel Corporation, based on WHO guidelines. In many countries, midwives are sensitized to, and trained on, fistula prevention and management through in-service training. Over 83 countries have aligned their midwifery curriculum to the global standards of the International Confederation of Midwives, and 30 countries have integrated fistula into their midwifery curriculum. Efforts are under way to ensure that the overall availability of midwives is increased so that their services are available where they are most needed.

35. Universal, accessible and high-quality health care has helped eliminate obstetric fistula in developed countries. The initiative entitled "Every Newborn: an action plan for ending preventable deaths",[16] led by WHO, the United Nations Children's Fund (UNICEF) and partners, calls for universal coverage of high-quality care with innovation, accountability and data; leadership, governance, partnerships and

[15] Campaign to End Fistula, "UNFCU Foundation awards UNFPA-led campaign to end fistula coordinator", 20 November 2017.

[16] See WHO and UNICEF, *Every Newborn: An Action Plan to End Preventable Deaths* (Geneva, WHO, 2014)

financing; and a review of global and national goals, targets and milestones for the period 2014–2035. This initiative also helps to eliminate preventable maternal death and morbidity, including fistula. In 2017, 75 countries completed the Every Newborn tracking tool, showing an overall improvement across all national milestones and demonstrating country-level commitment to achieving the milestones in the action plan.

36. Ensuring that all women have access to quality health care is critical to preventing and ending fistula. The Network for Improving Quality of Care for Maternal, Newborn and Child Health, launched in 2017 by WHO, UNICEF, UNFPA and partners, supports countries in improving maternal and newborn health. Poor quality of care increases the risk of fistula and is an affront to human rights. Established on the pillars of quality, equity and dignity and supported by a quality of care framework and standards for improving the quality of maternal and newborn care in health facilities, the Network was launched in nine countries (Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Malawi, Nigeria, Sierra Leone and the United Republic of Tanzania), aiming to halve the rates of maternal and newborn death and stillbirth in targeted health-care facilities within five years.

37. The H6 Partnership harnesses the collective strengths of UNFPA, UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), WHO, the Joint United Nations Programme on HIV/AIDS and the World Bank Group to advance the "Every Woman, Every Child" global strategy and support national leadership and action for the health of women, adolescents and children. Since 2008, H6 partners have helped countries strengthen their health systems and improve health services for women, children and newborns in places where they were dying at an alarming rate from preventable causes. The Partnership enhances technical support, policy engagement, advocacy and investment, minimizes overlap and duplication of interventions and deepens collaboration to improve sexual, reproductive, maternal, newborn, child and adolescent health outcomes.

38. Universal access to family planning contributes to saving women's lives and improving their health by preventing unintended pregnancies, reducing the number of abortions, facilitating the timing and spacing of pregnancies to maximize their health and that of their babies and lowering the incidence of death and disability related to complications of pregnancy and childbirth, including fistula. Family planning may also contribute to reducing the risk of recurrence of fistula in future pregnancies. Yet, over 200 million women and adolescent girls' needs for family planning are still unmet. Family Planning 2020, a global partnership initiative that is focused in 69 countries, supports the empowerment of women and girls and promotes their right to voluntarily obtain safe family planning services. The UNFPA Supplies programme, the only United Nations thematic fund for family planning, is pivotal to the achievement of the goals of Family Planning 2020. The programme is driving progress to meet unmet needs and is the world's largest provider of donated contraceptives. The 46 countries receiving focused support from the programme have increased the number of women and adolescent girls using modern contraception by 17.9 million since 2012. Contraceptives provided by UNFPA in 2017 prevented 6.2 million pregnancies, prevented 15,500 maternal deaths and averted 1.7 million abortions.[17]

39. Women living with or recovering from fistula are often "invisible", neglected and stigmatized. Many women and girls who develop fistula will die without ever receiving treatment, and the condition can recur in women whose fistula has been surgically treated but who receive little or no medical follow-up and become pregnant again. As called for in General Assembly resolution 71/169, Governments of

[17] UNFPA, *UNFPA Annual Report 2017: I Have the Power to Change My World* (New York, 2018).

countries affected by fistula should designate obstetric fistula as a nationally notifiable condition, triggering immediate reporting, tracking and follow-up. Developing and strengthening systematic registration and tracking mechanisms at the community and facility levels for each woman and girl who has or has had an obstetric fistula and recording those cases in a national register is crucial. Such actions can help prevent the recurrence of fistula and ensure the survival and well-being of mothers and newborns in subsequent pregnancies. Tracking cases will also make data available to inform programmes to provide the needed support for women with fistula who are deemed inoperable or incurable.

40. Raising awareness and sensitizing and mobilizing communities are vital strategies for the prevention of fistula and maternal and newborn death and disability. Fistula survivors are key advocates and champions in this effort. Organizations such as the Fistula Foundation in Nigeria, the Freedom from Fistula Foundation in Malawi, Healing Hands of Joy in Ethiopia, One By One in Kenya and the Association for the Rehabilitation and Reorientation of Women for Development in Uganda train former fistula patients as safe motherhood ambassadors who educate women, families and communities about maternal and newborn care and safe delivery; identify and refer fistula survivors for treatment; and provide psychosocial support, thereby breaking the cycle of isolation and suffering. The organizations also help reintegrate fistula survivors through interventions including literacy, life skills, and microloan and/or savings programmes that provide economic opportunities for women and their families to rebuild their lives and livelihoods and reclaim their dignity and agency.

B. Treatment strategies and interventions

41. Tragically, only a fraction of the estimated 2 million women and girls in need of fistula treatment actually receive it. While progress has been made globally to increase access to care, such access is vastly insufficient, owing to many factors, including a lack of funding to support the mobilization and treatment of fistula patients and the scarcity of surgeons. The International Federation of Gynaecology and Obstetrics, the International Society of Obstetric Fistula Surgeons and the Fistula Foundation are implementing a competency-based fistula surgery training programme to expand global treatment capacity. Over 60 surgeons from 22 countries affected by fistula are involved in the International Federation of Gynaecology and Obstetrics programme. Still, a dramatic and sustainable scaling-up of quality treatment services and trained, competent fistula surgeons is needed to address the unmet need for fistula repair and help to achieve the 2030 Agenda for Sustainable Development.

42. The Fistula Care Plus project, led by EngenderHealth and funded by USAID, expands access to fistula services and builds an evidence base for ending fistula. The project built a global database to monitor and manage fistula programme data using a health management information system, a platform adopted by over 40 national Governments. In 2016 and 2017, the project trained 24 fistula surgeons and over 1,300 health workers to build sustainable fistula repair capacity and 850 community volunteers in tools and approaches to raise awareness regarding fistula. The project also supported the development of national guidelines on catheterization for fistula treatment and prevention in Nigeria and collaborated with WHO to conduct a study to improve the efficiency and cost-effectiveness of health systems and the post-surgery recovery of fistula patients for their overall health and well-being.[18]

[18] Mark A. Barone and others, "Breakdown of simple female genital fistula repair after 7-day versus 14-day postoperative bladder catheterization: a randomized, controlled, open-label, non-inferiority trial", *The Lancet*, vol. 386, No. 9988 (July 2015).

43. In order to promote the evidence-based care of fistula patients, in 2017 WHO produced a new guideline that established the length of time required for effective catheterization after the surgical repair of simple obstetric urinary fistula as 7 to 10 days. This procedure can be done by a trained surgeon, with direct positive health and cost implications in low-income and middle-income countries. [19]

44. To foster an enabling environment for fistula treatment and care, the International Society of Obstetric Fistula Surgeons and UNFPA developed fistula repair kits with the supplies necessary to perform fistula repair surgery, thereby promoting increased access to quality fistula treatment and care. Through partnership with Johnson & Johnson, high-quality sutures were integrated into the kits in 2015, reducing the cost of each kit. In 2016 and 2017, UNFPA procured 886 of those kits for use at fistula repair facilities.

C. Reintegration strategies and interventions

45. Beyond the medical and surgical treatment for obstetric fistula, a holistic approach that addresses the psychosocial and socioeconomic needs of survivors is required to ensure full recovery and healing from fistula. The follow-up of fistula patients is a major gap in the continuum of care. Tragically, only a fraction of needy fistula patients is offered reintegration services. All countries affected by fistula should track this indicator to ensure access to reintegration services. According to data collected by UNFPA in 2017, at least 27 countries have put in place mechanisms to follow up with survivors after treatment, a critical aspect of healing and successful reintegration. Intensive social reintegration of women and girls whose cases are deemed to be inoperable or incurable also remains a major gap; as these women endure significant social challenges, an individualized approach, tailored to their specific needs, is required to facilitate their reintegration.

46. Reintegration and rehabilitation services must be holistic, comprehensive, continual and available for as long as they are needed. They should include counselling and follow-up throughout all phases of treatment and recovery, from the first point of contact to after the patient's discharge from the hospital, including health education, family planning services, psychosocial services and income-generating activities, which provide livelihood, renewed social connections and a sense of purpose, combined with community sensitization to reduce stigma and discrimination. Psychological support is necessary for all fistula patients, especially those who have not been fully healed.

D. Research, data collection and analysis

47. To further the vision of reducing maternal deaths to fewer than 70 per 100,000 live births by 2030, which would also serve to prevent fistula, the Lancet, in a series on maternal health in 2016, recommended investments to strengthen health systems, including in the areas of data and surveillance systems, facility capability, associated emergency medical services and the development of a skilled health workforce, including midwives, to enable them to respond to the changing contexts of women's lives and make them resilient to shocks and environmental threats to maternal and newborn health.[20]

[19] WHO, "Short period of postoperative bladder catheterization effective for repair of simple urinary fistula", 11 January 2018.

[20] "Executive summary", *The Lancet* Maternal Health Series (September 2016).

48. Progress has been made in improving the availability of data, including the development and application of a standardized fistula module for inclusion in demographic and health surveys in an increasing number of countries. The Global Fistula Map continues to be enhanced and expanded, and it provides a snapshot of the landscape of fistula treatment capacity and gaps worldwide. However, the collection of fistula data from countries remains a challenge. Recommendations have been made to integrate the routine surveillance and monitoring of fistula into national health systems, instead of the data being conducted through small independent studies.[21] Yet, obtaining robust and comprehensive data on fistula remains a challenge, given the invisibility of fistula survivors and the lack of priority and resources accorded the issue at the global and national levels.

49. To fill the gap in cost-effective methods for obtaining robust data on fistula, a new model to estimate the global burden of fistula has been developed by the Johns Hopkins Bloomberg School of Public Health, which is piloting the model to generate global and country-specific estimates of fistula incidence and prevalence. The model will be applied to 55 countries supported by the Campaign to End Fistula in order to produce new global estimates on fistula. The model constitutes a major step forward globally and a vital tool for advancing the planning, implementation and monitoring of efforts towards ending fistula.

50. To strengthen national capacities to collect and analyse data on fistula care, treatment, and outcomes, the innovative Global Obstetric Fistula Electronic Registry was piloted by UNFPA and Operation Fistula in Bangladesh, Cameroon, Malawi, Madagascar and Nepal in 2017 and 2018. Using an evidence-based model piloted in Madagascar from 2013 to 2015 in which patient outcomes improved by assigning patients to surgeons with the skills commensurate with their cases, 454 fistula cases were treated, averting 5,100 disability-adjusted life-years. The Registry was designed to document and improve every interaction between a fistula patient and her care team across the continuum of care, and it uses proven technological tools to provide a platform for surgeons and health-care workers to track reliably and comprehensively the quality of care and treatment. The availability of data will facilitate the establishment of true estimates of fistula incidence and prevalence in those countries.

51. Data-supported and evidence-driven health workforce planning is vital to ending fistula and scaling up midwifery, and represents a cost-effective contribution to improving sexual, reproductive, maternal, neonatal and adolescent health-care outcomes.[22] The Arab States region and the Eastern and Southern Africa region developed regional midwifery reports in 2015 and 2017, respectively, which provide country-specific estimates on essential sexual, reproductive, maternal, neonatal and adolescent health care services, including the need for and availability of a qualified health workforce. Those data are used by countries to advocate and promote national policies for addressing barriers and challenges to availability, accessibility, acceptability and quality of midwifery services.

52. To prevent the occurrence of obstetric fistula, timely access to quality health care, including emergency obstetric services, is of paramount importance. To that end, it is essential to assess the current level of care and provide the evidence needed for planning, monitoring, advocacy and resource mobilization to improve access to quality care and to scale up emergency services in every district. UNFPA, UNICEF,

[21] Ozge Tuncalp and others, "Measuring the incidence and prevalence of obstetric fistula: approaches, needs and recommendations", *Bulletin of the World Health Organization*, vol. 93, No. 1 (January 2015).

[22] UNFPA East and Southern Africa Regional Office, *The State of the World's Midwifery: Analysis of the Sexual, Reproductive, Maternal, Newborn and Adolescent Health Workforce in East and Southern Africa* (Johannesburg, 2017).

WHO and the Averting Maternal Death and Disabilities Programme at Columbia University support emergency obstetric and newborn care needs assessments in countries with high rates of maternal mortality and morbidity. Countries are developing facility networks that will be able to provide essential obstetric and neonatal services, as well as emergency care. Although there has been progress, the availability of such services is still below the international standard of five emergency obstetric and neonatal care facilities per 500,000 inhabitants, owing to a lack of staff and financial barriers. Twelve countries have performed an emergency obstetric and neonatal care needs assessment in 2017 (complete or rapid), and eight countries monitor the availability and quality of those services. Burundi has successfully completed a geographic analysis to manage its emergency obstetric and neonatal care network and estimate population coverage. This new approach has to be scaled up in the future.

53. Maternal and perinatal death surveillance and response, a framework for addressing preventable mortality and morbidity, has been increasingly promoted and institutionalized in several countries. Countries are focusing on increasing the reporting of maternal death, followed by review and corrective action, in order to improve the overall quality of maternal health care and strengthen accountability mechanisms with a view to reducing preventable maternal deaths and disabilities, including fistula.[23] In 2016, WHO strengthened the capacity of and supported 11 countries in South-East Asia in developing five-year plans to implement and expand maternal and perinatal death surveillance and response by 2020.[24]

E. Advocacy and awareness-raising

54. At the global, regional and national levels, powerful stories in the media showing the human face of fistula; influential champions speaking out; and enhanced collaboration and coordination with partners have helped ensure that obstetric fistula is not forgotten. Concerted efforts were made to shine a light on fistula, including through UNFPA, the Campaign to End Fistula and partners, ensuring strong messaging and significant communications activities on fistula and raising awareness and support in high-burden fistula countries and around the world.

55. To highlight the achievements on the path to ending fistula and unite stakeholders to galvanize momentum, in September 2017, UNFPA and the Campaign to End Fistula held a high-level event during the General Assembly entitled "Securing hope, health and dignity for all to achieve the Sustainable Development Goals: ending obstetric fistula within a generation". The event brought, for the first time, the voice of one of the most marginalized and "left behind" groups of fistula survivors to this high-level global forum, represented by Razia Shamshad, of Pakistan. Key champions of ending fistula, including the Permanent Representative of Luxembourg to the United Nations, Christian Braun, a representative from the Ministry of Health of Ghana, Rita Owusu-Amankwah, the President of the United Nations Federal Credit Union Foundation, Pam Agnone, and a Pakistani fistula surgeon and activist, Shershah Syed, all spoke out. The movie Dry was screened, with an introduction by Stephanie Linus, a Nigerian actress and filmmaker, to raise awareness on fistula and advocate proactive measures to combat the condition.

[23] WHO, *Time to Respond: A Report on the Global Implementation of Maternal Death Surveillance and Response* (Geneva, 2016).

[24] WHO Regional Office for South-East Asia, *Strengthening Country Capacity on Maternal and Perinatal Death Surveillance and Response*, report of a South-East Asia regional meeting, 16–18 February 2016, Maldives (2016).

56. To accelerate the global commitment towards ending fistula, a call to action to develop a global strategy to end fistula within a generation by UNFPA and the International Obstetric Fistula Working Group, led by the Campaign to End Fistula, was published in *The Lancet Global Health* in 2017.[25] The call, issued on 23 May, the International Day to End Obstetric Fistula, builds upon the 2016 United Nations vision, which called for intensified efforts to eradicate fistula and achieve the 2030 Agenda for Sustainable Development. The 2018 International Day to End Obstetric Fistula, with the theme "Leaving no one behind: let us commit to ending fistula now!", was commemorated at United Nations Headquarters and around the world. The event provided a platform for advocacy and awareness-raising on how ending obstetric fistula is vital to achieving many of the Sustainable Development Goals, in particular Goals 1, 3, 4, 5, 10 and 17.

F. Global need to strengthen financial support

57. A major challenge facing countries is the insufficient level of national financial resources for addressing obstetric fistula, compounded by low levels of development assistance for maternal and newborn health, which have declined in recent years. Contributions to the Campaign to End Fistula have also declined and remain vastly insufficient to meet the current needs. Contributions to the Campaign totalled $1.58 million in 2016, but declined significantly in 2017 (to $450,000). An urgent redoubling of efforts is required to address fistula and redress this neglected issue by intensifying resource mobilization, including the harnessing of domestic resources to support fistula programmes.

58. Efforts to end fistula are integrated into and supported by broader maternal and newborn health initiatives, including the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), the H6 Partnership, the Muskoka Initiative on Maternal, Newborn and Child Health, the Partnership for Maternal, Newborn and Child Health and the Maternal Health Thematic Fund of UNFPA.

59. In 2017 and 2018, contributions to the Campaign to End Fistula included financial commitments from the Governments of Canada, Germany, Iceland, Ireland, Luxembourg, Poland, the Republic of Korea and Sweden. Additional funds were donated by philanthropic foundations, including Friends of UNFPA, a non-profit organization, the UNFCU Foundation, Zonta International and GE Healthcare, a private sector organization. In-kind contributions were also received from other donors.

60. Financial contributions and strategic activities for the prevention and treatment of fistula have thus far yielded positive results, but far more is needed to eliminate fistula worldwide. Partnerships must be strengthened and financial commitments significantly increased to end fistula within a generation and to achieve the Sustainable Development Goals.

V. Conclusion and recommendations

61. In recent years, much progress has been made in focusing attention on obstetric fistula. However, many serious challenges remain. The continued occurrence of fistula highlights the persistence of socioeconomic and gender inequalities and the failure of health-care systems to provide accessible, equitable, high-quality maternal health care, including skilled attendants during childbirth, emergency obstetric care

[25] Erin Anastasi, Lauri Romanzi, Saifuddin Ahmed, Anneka T. Knuttson, Oladosu Ojengbede, Kate Grant (on behalf of the Campaign to End Fistula), "Ending obstetric fistula within a generation: making the dream a reality", *The Lancet Global Health*, vol. 5, No. 8 (August 2017).

and family planning services. It is a human rights violation that the poorest, most vulnerable women and girls suffer needlessly from this devastating condition, which has been virtually eliminated in developed countries. The international community must act urgently to end preventable maternal and newborn mortality and morbidity, including through developing a global road map to end fistula within a generation, as part of integrated efforts to strengthen health systems, ensure universal human rights and achieve the Sustainable Development Goals.

62. Intensified political commitment, national leadership and ownership and greater financial mobilization are urgently needed to accelerate progress towards the elimination of fistula, including by implementing strategies to prevent new cases and treating all existing cases. There is an urgent and ongoing need for committed, multi-year, national, regional and international cooperation and partnership, both public and private, to provide the resources necessary to reach all women and girls suffering from fistula and to ensure sufficient and sustainable elimination efforts. Special attention should be paid to intensifying support to countries with the highest maternal mortality and morbidity levels. This will enable those countries to provide free access to fistula treatment services, given that most fistula survivors are poor and cannot afford treatment.

63. Accelerated efforts are critically needed to improve the health of women and girls globally, with an increased focus on social determinants that affect their well-being, and include the provision of universal education for women and girls; economic empowerment, with access to microcredit, savings and microfinancing; legal reforms; social initiatives, including legal literacy to protect women and girls from violence and discrimination, child marriage and early pregnancy; and the promotion and protection of human rights. Such efforts will ensure the safety and well-being of women and girls and empower them to contribute to their communities.

64. It is essential that universal access to health care, as called for in the Sustainable Development Goals, be integrated into planning and operational processes at the national, regional and international levels in order to end obstetric fistula. There is a global consensus on the key interventions necessary to reduce maternal deaths and disabilities and an urgent need to scale up the three well-known, cost-effective interventions (skilled birth attendants, emergency obstetric and neonatal care and family planning services), while emphasizing the crucial role of midwives in reducing the high number of preventable maternal and newborn deaths and disabilities, including fistula.

65. Member States and the international community need to undertake urgently the following critical actions, with a human rights-based approach, to accelerate progress to end obstetric fistula within a generation and achieve the Sustainable Development Goals:

Prevention and treatment strategies and interventions

(a) Invest more into strengthening health-care systems, ensuring well-trained, skilled medical personnel (i.e., midwives, doctors, surgeons, nurses, anaesthetists), and provide support for developing and maintaining infrastructure; such investment is required for referral mechanisms, equipment and supply chains to improve maternal and newborn health services, with functional quality control and monitoring mechanisms in place for all areas of service delivery, and for strengthening the capacity for surgery within the health-care system as part of efforts to achieve universal health coverage;

(b) Develop or strengthen comprehensive multidisciplinary national strategies, policies, action plans and budgets for eliminating obstetric fistula that incorporate prevention, treatment, socioeconomic reintegration and follow-up,

including incorporating fistula into national-level planning, programming and budgeting for achieving the Sustainable Development Goals;

(c) Implement and monitor national strategies, policies and action plans to eliminate fistula through strengthened multisectoral approaches;

(d) Establish or strengthen national task forces for fistula, led by ministries of health, to enhance national coordination and improve partner collaboration, including partnering with in-country efforts to increase surgical capacity and promote universal access to essential and life-saving surgery;

(e) Ensure equitable access and coverage, by means of national plans, policies and programmes, to make maternal and newborn health services, in particular emergency obstetric and newborn care, skilled birth attendance, fistula treatment and family planning services financially and culturally accessible, including in the most remote areas;

(f) Make fistula services accessible to all who need them, including through the provision, in strategically selected hospitals, of integrated fistula services that are available continuously and provide the full continuum of holistic care and support for the treatment, rehabilitation and vital follow-up of fistula survivors, and increase the availability of trained and skilled fistula surgeons and that of permanent, holistic fistula services integrated into such hospitals, accompanied by quality assurance to ensure that only skilled fistula surgeons provide treatment to address the significant backlog of women and girls awaiting care;

(g) Ensure universal access to the full continuum of care, particularly in rural and remote areas, through the establishment and distribution of health-care facilities and trained medical personnel, collaboration with the transport sector to provide affordable transport, and the promotion of and support for community-based solutions;

Financial support for universal access to fistula prevention and care

(h) Increase national budgets for health care, ensuring that adequate funds are allocated to universal access to health care, including fistula;

(i) Incorporate, into all sectors of national budgets, policies and programmes to redress inequities and reach poor and vulnerable women and girls, including the provision of free or adequately subsidized maternal and newborn health care and fistula treatment to all those in need;

(j) Enhance international cooperation, including intensified technical and financial support, especially to high-burden countries, to end fistula within a generation;

(k) Mobilize public and private sectors to ensure that needed funding is increased, predictable, sustained and adequate to end fistula within a generation;

Reintegration strategies and interventions

(l) Ensure that all fistula survivors have access to social reintegration services, including counselling, education, skills development, income-generating activities and family and community support;

(m) Ensure that the special needs of women and girls whose cases are deemed to be incurable or inoperable are met;

(n) Develop and strengthen systems and follow-up mechanisms to make fistula a nationally notifiable condition, including indicators to track the health, well-being and reintegration of all fistula survivors;

Advocacy and awareness-raising

(o) Strengthen awareness-raising and advocacy, including through the media and schools, to effectively reach women, young people, families and communities with key messages on fistula prevention, treatment and social reintegration;

(p) Mobilize communities, including local religious and community leaders, women and girls, men and boys, ensuring that youth voices are heard, to advocate for and support universal access to health care, ensuring human rights and reducing stigma and discrimination;

(q) Ensure gender equality and the empowerment of women and girls, including sexual and reproductive health and reproductive rights, recognizing that the well-being of women and girls has a significant positive effect on the survival and health of children, families and societies;

(r) Empower fistula survivors to sensitize and mobilize communities as advocates for fistula elimination and safe motherhood;

(s) Strengthen and expand interventions to ensure universal access to education, especially post-primary and higher education, end violence against women and girls and protect and promote their human rights and adopt and enforce laws prohibiting child marriage, which must be supported by innovative incentives for families to keep girls in school, including in rural and remote communities;

(t) Develop linkages and engage with civil society and women's groups to help eliminate fistula;

Research and data collection to advance the elimination of fistula

(u) Strengthen research, data collection, monitoring and evaluation, including up-to-date emergency obstetric and neonatal care needs assessments, to guide the planning and implementation of maternal and newborn health programmes;

(v) Develop, strengthen and integrate within national health information systems routine reviews of maternal and perinatal deaths and near-miss cases, as part of national maternal and perinatal death surveillance and response systems;

(w) Develop community-based and facility-based mechanisms for the systematic notification of obstetric fistula cases to ministries of health and their recording in a national register and establish fistula as a nationally notifiable condition, triggering immediate reporting, tracking and follow-up, using a human rights-based approach.

66. The challenge of ending obstetric fistula requires vastly intensified efforts, including substantially increased funding for interventions at the community, subnational, national, regional and international levels. Significantly enhanced support must be provided to countries, United Nations organizations, the Campaign to End Fistula and other global initiatives dedicated to improving maternal and newborn health and eliminating fistula.

67. Ending fistula is key to achieving the Sustainable Development Goals. To meet the global targets of the 2030 Agenda and end this assault on human dignity and rights, UNFPA and the Campaign to End Fistula will lead the development of a global road map to accelerate actions, as outlined above, to end fistula within a generation.